



Ifw

PATENT  
Docket No. 549112000100

**CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on September 30, 2004.

*Marian Christopher*  
Marian Christopher

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In the application of:

Sun LEE

Serial No.: 10/811,424

Filing Date: March 26, 2004

For: DEVICE TO PROMOTE BLOOD FLOW  
INTO THE MYOCARDIUM

Examiner: Not Yet Assigned

Group Art Unit: 3764

**INFORMATION DISCLOSURE  
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicant submits for consideration in the above-identified application the documents listed on the attached Form PTO-1449. Copies of the documents are also submitted herewith. The Examiner is requested to make these documents of record.

This Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☐ Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97(e)(1) has been provided.
- ☒ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97(e)(1) has been provided.
- ☐ After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.
  - ☐ A fee is required. A check in the amount of \_\_\_ is enclosed.
  - ☐ A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.
  - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly, no fee is believed to be due.
- ☐ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
  - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of \_\_\_ is enclosed.
  - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)

Applicant would appreciate the Examiner initialing and returning the Form PTO-1449, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. §1.17(p)) is required, Applicant petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing 549112000100. However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

Dated: September 30, 2004

Respectfully submitted,

By: Kate H. Murashige  
Kate H. Murashige  
Registration No. 29,959

Morrison & Foerster LLP  
3811 Valley Centre Drive  
Suite 500  
San Diego, California 92130-2332  
Telephone: (858) 720-5112  
Facsimile: (858) 720-5125

Form PTO-1449

Docket Number: 549112000100

Application Number: 10/811,424

**INFORMATION DISCLOSURE CITATION  
IN AN APPLICATION**

(Use several sheets if necessary)

Applicant:

Sun LEE

Filing Date: March 26, 2004

Group Art Unit: 3764

Mailing Date: September 30 2004

**U.S. PATENT DOCUMENTS**

Examiner Initials	Ref. No.	Date	Document No.	Name	Class	Subclass	Filing Date If Appropriate

**FOREIGN PATENT DOCUMENTS**

Examiner Initials	Ref. No.	Date	Document No.	Country	Class	Subclass	Translation YES NO

**OTHER DOCUMENTS**

(including author, title, Date, Pertinent Pages, Etc.)

Examiner Initials	Ref. No.	Title
	1.	Absolon et al., Surg Gynec Obst. (1956) 103:183-185
	2.	Favaloro, Ann Thorac Surg (1968) 5:334-339
	3.	Lee et al., Cardial Clinic. (1985) 3:93-100
	4.	Lee et al., J Res Inst Med Sci (Korea) (1964) 2:297-299
	5.	Suehiro et al., Thorac Cardiovasc Surg (2001) 2:307-315
	6.	Thal et al., Surgery (1956) 40:1023-1029
	7.	Vineberg, Can. Med. Assoc. (1958) 78:871-979

EXAMINER:

DATE CONSIDERED:

EXAMINER: Initial if citation considered, whether or not the citation conforms with MPEP 609. Draw a line through the citation if not in conformance and not considered. Include a copy of this form with next communication to applicant.



PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/811,424	
	Filing Date	March 26, 2004	
	First Named Inventor	Sun LEE	
	Art Unit	3764	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	6	Attorney Docket Number	549112000100

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement (3 pages) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-1449 (1 page + copy) Copies of 7 references Return Receipt Postcard			
<table border="1"><tr><td>Remarks</td><td rowspan="2"><b>Customer No. 25225</b></td></tr><tr><td> </td></tr></table>			Remarks	<b>Customer No. 25225</b>	
Remarks	<b>Customer No. 25225</b>				

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	MORRISON & FOERSTER LLP Kate H. Murashige - 29,959
Signature	
Date	September 30, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 30, 2004

Signature: (Marian L. Christopher)

sd-222228